



The NKC's mission is to improve the health of newborns with or at risk for kidney disease through multidisciplinary collaborative research, advocacy, and education.

March 2021

Dear NKC Members,

We hope you enjoyed the NKC online meeting we held a few weeks ago. Thanks to everyone who was able to join us. We loved the engagement and thank everyone for their attendance!

Recorded Annual Meeting

A recording of the NKC member meeting held on February 11th is available at this link: **2021 Recorded NKC Annual Meeting**. The link will remain active until April 1st for viewing at your convenience.

#KIDNEO – Neonatal Nephrology Twitter Journal Club

Journal clubs on social media are a growing timely and interactive way to share and discuss new additions to the literature. There are **TWO** upcoming options for Twitter Journal club in the next few weeks.

First, #NephJC (the adult Nephrology journal club) is discussing the new ISPD guidelines for PD in AKI this **Tuesday March 3rd at 9pm Eastern**. You can get more information on their website, <http://www.nephjc.com> or participate using the #NephJC hashtag. It would be great to have a strong NeoNephro attendance! The article to be discussed is the "[ISPD guidelines for Peritoneal Dialysis in Acute Kidney Injury: 2020 Update \(Pediatrics\)](#)" by Peter Nourse et al.

Secondly, the third #KidNeo journal club will be on **Wednesday March 17th at 9pm Eastern**. Stay tuned to [Twitter](#) and the website for more details. We look forward to discussing the recent article by Dr. Perazzo and colleagues in KI Reports looking at a new approach to recognize neonatal impaired kidney function – something that all Neonatologists and Peds Nephrologists should be familiar and interested in! Check out this figure below for a preview.

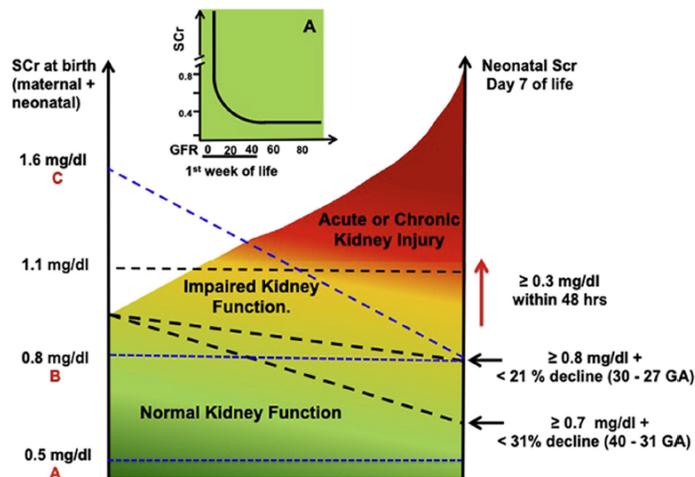


Figure 8. Approach to identify newborns with impaired kidney function (IKF) during the first week of life. (a) At high levels of kidney function, large changes in glomerular filtration rate (GFR) result in small or no changes in serum creatinine (SCr). In contrast, at lower levels of kidney function, as seen in neonates during the first week of life, small changes in the SCr decline are associated with clinically relevant changes in GFR. The graph shows the SCr decline and threshold cutoff values for newborns of 40 to 31 and 30 to 27 weeks of gestational age (GA), respectively. Patient A shows SCr levels on day 1 (0.5 mg/dl) that are normal for the 7 day of life as well. In this case, the SCr decline cannot be used to detect IKF, because a further decline or lack of decline, within the normal SCr range, has no clinical value for this purpose. Patient B shows normal SCr levels for the first day of life (0.8 mg/dl). However, on day 7, both the SCr decline and absolute SCr values are abnormal. Patient C shows high SCr levels for the first day of life (1.6 mg/dl) and a normal SCr decline for the first week of life. Both patients B and C show similar abnormal SCr values on day 7 of life (blue dotted lines representing both patients merge at 0.8 mg/dl). However, assuming they have similar GA and risk factors, patient B is more likely to have a worse renal outcome in subsequent days. Finally, patients who show a rise in SCr from baseline ≥ 0.3 mg/dl within 48 hours are considered to have neonatal acute kidney injury according to the Kidney Disease: Improving Global Outcomes definition.

February Article of the Month

The February article of the month comes from none other than Dr. Jetton! In this overview she provides a summary of the hot off the press article, “Trends and racial disparities for acute kidney injury in premature infants: the US national database,” by Dr. Elgendy and colleagues published in *Pediatric Nephrology*. See below for a preview and check out www.babykidney.org for the full summary.

“This large nationwide dataset demonstrates again the impact of AKI on outcomes overall in premature and VLBW babies – especially in terms of mortality, hospital length of stay, and hospital cost (babies with AKI have hospital costs about 3 times higher than babies without AKI).”

Best Wishes,
Michelle Starr and Matthew Harer
NKC Communication Committee Co-Chairs